



REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

20 DEC 2004

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) DEG-FIRING

Box No. I TITLE OF INVENTION	
DEVICE FOR FIRING CERAMIC PRODUCTS FOR DENTAL PROSTHESES	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
DENTSPLY International Inc. 570 West College Avenue P.O. Box 872 York, PA 17405-0872	
Telephone No. 717-849-4466	
Facsimile No. 717-849-4360	
Teleprinter No. None	
Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
HAUNER, Wigbert Im Birkenwaldchen 59 Langen D-63225 Germany	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
HURA, Douglas J.; BIEBER, James B.; ADDISION, Brian M.; DENTSPLY International Inc., 570 West College Avenue, P.O. Box 872, York, PA 17405-0872, US	
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<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	